## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. ŧ Ł ×..... <sup>2</sup> 24 ¥ <sup>25</sup> - + ŧ TOTAL IND. TOTAL IND. Û $^{\bigcirc}$ TOTAL DEP. TOTAL DEP.

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL CLAIMS

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TOTAL